

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 830816	RECEIPT DATE:	04 / 27 / 01
IA NUMBER:	PCT/ FI99 / 00894	IA FILING DATE:	10 / 26 / 99
FAMILY NAME:	MUJONEN	DELAY WAIVED (Y/N):	N
GIVEN NAME:	AHTI	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	10 / 27 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	P 279256	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000909	TELEPHONE 2028613000
			FAX 2028220944

NAME: PILLSBURY WINTHROP LLP

STREET: 1100 NEW YORK AVENUE, N.W.
9TH FLOOR

CITY: WASHINGTON

STATE/COUNTRY: DC ZIP: 20005

EMAIL:

APPLICATION TITLES:

LOCATION SERVICES IN A PACKET RADIO NETWORK

TAB TO LAST POSITION, PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2170

SERIAL NUMBER 09/830,816	FILING DATE 04/27/2001 RULE	CLASS 455	GROUP ART UNIT 2681 2682	ATTORNEY DOCKET NO. P279256
APPLICANTS Ahti Muhonen, Hirvihaara, FINLAND; Serge Haumont, Helsinki, FINLAND; Mikko Puuskari, Helsinki, FINLAND;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/FI99/00894 10/26/1999				
** FOREIGN APPLICATIONS ***** FINLAND 982331 10/27/1998				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>W. J. D. Bas</u> Allowance Examiner's Signature Initials		STATE OR COUNTRY FINLAND	SHEETS DRAWING	TOTAL CLAIMS 16
INDEPENDENT CLAIMS 2				
ADDRESS 00909				
TITLE Location services in a packet radio network				
FILING FEE RECEIVED 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	